

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: TIERNEY, Michael J. et al.

Application No./Patent No.: 09/929,826

Filed/Issue Date: August 13, 2001

Entitled: Surgical Robotic Tools, Data Architecture, and Use

Intuitive Surgical, Inc. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
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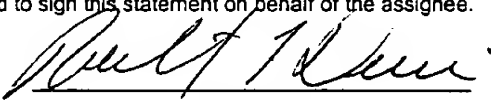
☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

11/29/01
Date


Signature
Robert F. Dennis
Typed or printed name
Patent Counsel / 40988
Title

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

☐ Declaration
Submitted
With Initial Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number

17516003240

First Named Inventor

TIERNEY, Michael J. et al.

COMPLETE IF KNOWN

Application Number

09/929,826

Filing Date

August 13, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURGICAL ROBOTIC TOOLS, DATA ARCHITECTURE, AND USE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

08/13/2001

as United States Application Number or PCT International

Application Number 09/929,826 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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PTO/SB/01 (03-01)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

MICHAEL J.

Given Name
(first and middle [if any])

TIERNEY
Family Name
or Surname

Inventor's
Signature

Michael J. Tierney

Date

2001.10.25

Pleasanton
Residence: City

California
State

US
Country

US
Citizenship

3150 Arbor Drive

Mailing Address

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City

California
State

94566
ZIP

USA
COUNTRY

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

THOMAS

Given Name
(first and middle [if any])

COOPER
Family Name
or Surname

Inventor's
Signature

Thomas Cooper

Date

10/25/01

Menlo Park
Residence: City

California
State

USA
Country

US
Citizenship

304 Concord Drive

Mailing Address

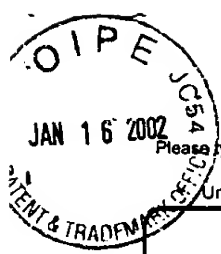
Menlo Park
City

California
State

94025-2907
ZIP

USA
COUNTRY

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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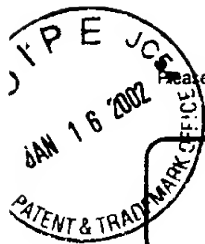
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRIS		JULIAN	
Inventor's Signature		Date 9/28/01	
Residence: City	Los Gatos	State	California
		Country	USA
Citizenship US			
Mailing Address 19245 Skyline Boulevard			
Mailing Address			
City	Los Gatos	State	California
		ZIP	95033
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEPHEN J.		BLUMENKRANZ	
Inventor's Signature		Date 10/25/01	
Residence: City	Redwood City	State	California
		Country	USA
Citizenship US			
Mailing Address 954 Hillcrest Drive			
Mailing Address			
City	Redwood City	State	California
		ZIP	94062-3040
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GARY S.		GUTHART	
Inventor's Signature		Date 10/25/01	
Residence: City	Foster City	State	California
		Country	USA
Citizenship US			
Mailing Address 732 Chebec Lane 1027 Mt. View Ave			
Mailing Address			
City	Foster City	State	California
		ZIP	94041
		Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT C.		YOUNGE	
Inventor's Signature <i>Robert S. Younge</i>		Date 29 OCT 2001	
Residence: City	Mountain View	State	California
		Country	USA
Mailing Address 550 Westridge Road			
Mailing Address			
City	Mountain View	State	California
		ZIP	94043
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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